

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 131

PLACE OF DEATH A. COUNTY MARI COPA	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 40 YRS LIFE	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)				
		A. STATE ARIZONA	B. COUNTY MARI COPA			
		C. CITY OR TOWN MESA	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) GRANITE REEF REST HOME		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 531 MILLETT AVENUE		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (TYPE OR PRINT) LEONA JENSEN			4. SEX FEMALE	5. COLOR OR RACE WHITE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NEVER MARRIED	
6B. NAME OF SPOUSE --		7. DATE OF BIRTH MONTH DAY YEAR 2 10 89	8. AGE (IN YEARS LAST BIRTHDAY) 76	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) TEACHER
9B. KIND OF BUSINESS OR INDUSTRY E. SCHOOLS		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARIZONA	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO		13. SOCIAL SECURITY NO. NONE
14A. FATHER'S NAME JOHN PETER JENSEN		14B. BIRTHPLACE (STATE OR COUNTRY) DENMARK		15A. MOTHER'S MAIDEN NAME JANE CATHERINE STEELE		15B. BIRTHPLACE (STATE OR COUNTRY) UTAH
16. INFORMANT'S SIGNATURE <i>Archie Jensen</i>			ADDRESS MESA, ARIZONA		17. DATE OF DEATH (MONTH) (DAY) (YEAR) MARCH 20 1965	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Acute Circulatory Failure ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Prolonged recumbency necessitated by compression fracture of spine DUE TO (C) Osteoporosis II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Osteoarthritis and Senility.				INTERVAL BETWEEN ONSET AND DEATH 1955-1965
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-29-65, 1965, TO 3-20-65, 1965, THAT I LAST SAW THE DECEASED ALIVE ON 3-20-65, 1965, AND THAT DEATH OCCURRED AT 9:15 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE <i>Donald D. Young</i>			(DEGREE OR TITLE) DO		22B. ADDRESS 55 So. Stapley Mesa, Arizona	
22C. DATE SIGNED 3-22-65						
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 3-22-65		25C. NAME OF CEMETERY OR CREMATORY CITY OF MESA		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) MESA, ARIZONA
26A. DATE REC. BY LOCAL REG. 3-22-65		26B. REGISTRAR'S SIGNATURE <i>R. H. Dwyer</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Arnold Wiedrum</i>		27B. ADDRESS Mesa Ariz.
26A. EMBALMER'S SIGNATURE <i>Arnold Wiedrum</i>		26B. EMBALMER'S CERT. NO. 345				